

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:21

DOCUMENT # **941533**

1. Corporation Name

KENDALL CONSERVATORY OF MUSIC, INC.

300003499719--8  
-12/13/00--01067--008  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

7145 SW 117 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

7145 SW 117 avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33183

Country

MIAMI-DADE

Zip

33183

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

03 / 28 / 91

5. FEI Number

65-0256177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

EDNA EARLINE YEARGIN

Street Address (P.O. Box Number is Not Acceptable)

4931 SW AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Edna Earline Yeargin*  
REGISTERED AGENT MUST SIGN

Date 4-4-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	EDNA EARLINE YEARGIN	4931 SW 104 Avenue	Miami, FL 33165

*4/12/00*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Edna Earline Yeargin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

305-274-9207

Daytime Phone #

CR2E081 (9/99)